

**Montana WIC Program
Participant Fraud and Abuse Form**



Local Agency: _____ Clinic Site: _____

WIC Staff: _____ Date Reported: _____

Participant/Guardian's Name: _____ Participant ID#: _____

Benefit #'s	Date Issued
_____	_____
_____	_____
_____	_____

Type of Alleged Participant Abuse
INSTRUCTIONS: Check the box that applies

<input type="checkbox"/>	Knowing falsified eligibility information.	<input type="checkbox"/>	Deliberate alteration of WIC benefit.
<input type="checkbox"/>	Dual participation.	<input type="checkbox"/>	Purchased or attempted to purchase more WIC food than authorized.
<input type="checkbox"/>	Stole WIC benefits from local clinic or other participant.	<input type="checkbox"/>	Purchased or attempted to purchase unauthorized food with WIC purchase.
<input type="checkbox"/>	Verbal abuse of WIC staff, food retail staff or farmer.	<input type="checkbox"/>	Benefit cashed outside of valid dates. (Early or late cashing)
<input type="checkbox"/>	Received or attempted to receive change from WIC purchase.	<input type="checkbox"/>	Redeeming WIC benefit(s) at store not listed as an authorized retailer.
<input type="checkbox"/>	Returned or attempted to return WIC foods for cash.	<input type="checkbox"/>	"No signature" on benefit – did not respond to clinic notification to go to store to sign benefit.
<input type="checkbox"/>	Redeemed or attempted to redeem benefits reported lost or stolen.	<input type="checkbox"/>	Other.

Complaint: Briefly describe how complaint was received. Attach copies of benefits, retailer complaint or other documents supporting case.

Participant Statement:

Decision:

_____ Keep participant on program, evidence does not support fraud and abuse allegations.

_____ Keep participant on program, education and warning letter given. (Attach copy of Warning Letter).

_____ Keep participant on program until DPHHS resolves.

_____ Disqualify participant for _____ months. (Attach copy of Notice of Eligibility/End of Certification Form).

_____ Other. Specify: _____

Additional Comments:

Participant Signature

Date

WIC Staff Signature

Date

INSTRUCTIONS: Scan into participant folder.

Send originals to: Montana WIC Program
Retail Services
Dept. of Public Health and Human Services
PO Box 202951
Helena, MT 59602-2951